



COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

DRAFT MEETING AGENDA

Wednesday, July 23, 2014

**DBHDS Central State Office, 2nd Floor Conference Room, Jefferson Building
1220 Bank Street, Richmond, VA**

Committee Meetings

| | | | |
|-------------|-------------------|---------------------------------------|--|
| 9:00 – 9:50 | Planning & Budget | 5 th Floor Conference Room | |
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Regular Session AGENDA

10:00 a.m.

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|--------------|-------|---|---|------------|
| I. | 10:00 | Call to Order and Introductions | Dr. Ananda K. Pandurangi <i>Chair</i> | |
| II. | 10:05 | Approval of July 23, 2014 Agenda ➤ <i>Action Required</i> | | 1-2 |
| III. | 10:10 | Officer Elections A. Presentation of the Slate of Candidates B. Nominations from the Floor C. Election ➤ <i>Action Required</i> D. Passing of the Gavel | Dr. Pandurangi Nominating Committee Dr. Pandurangi | |
| IV. | 10:20 | Approval of Draft Minutes A. Regular Meeting, April 9, 2014 ➤ <i>Action Required</i> | <i>New Chair</i> | 3 |
| V. | 10:25 | Public Comment <i>(3 minute limit per speaker)</i> | | |
| VI. | 10:40 | Commissioner's Report | Debra Ferguson, Ph.D. <i>Commissioner</i> | |
| VII. | 11:30 | Budget Update | Don Darr <i>Assistant Commissioner, Finance and Administration</i> | |
| VIII. | 11:45 | Break for Lunch | | |

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|--------------|-------|--|--|--|
| IX. | 12:00 | State Human Rights Committee A. Presentation of Annual Report: See Attachment 1 ➤ <i>Action Requested: Endorsement</i> B. Appointment of SHRC Members: See Attachment 2 ➤ <i>Action Requested</i> | T.C. Bullock <i>SHRC Chair</i> Margaret Walsh <i>Director, Office of Human Rights</i> | Atch 1. |
| X. | 12:20 | Committee Reports: • Grant Review Process • Planning & Budget • Policy Development and Evaluation ➤ <i>Action Required</i> a. 1004(SYS)83-7 Prevention Services pg. 11 b. 1023(SYS)08-2 Workforce and Cultural and Linguistic Competency, p.15 c. 1043(SYS) 08-1 Disaster Preparedness, p.22 | Linda Grasewicz Charline Davidson TBD | -- -- 11 |
| XI. | 12:50 | Regulatory Actions: A. General Update – Matrix i. Human Rights Regulations Memo ➤ <i>Action Required</i> | Linda Grasewicz <i>Assistant Director</i> <i>Office of Planning and Development</i> Karen Taylor <i>Office of the Attorney General</i> | 26 27 Atch. 2 |
| VIII. | 1:40 | Recognition of Mary Ann Bergeron | Dr. Ananda K. Pandurangi | |
| XII. | 1:45 | Update on the Virginia Association of Community Services Boards | Will Frank <i>Policy Manager, VACSB</i> | |
| XIII. | 2:00 | Miscellaneous A. Board Liaison Reports B. Quarterly Budget Report C. Confirmation of October 2014 Location and 2015 Meeting Schedule D. Adoption of Draft Bylaws | | 31 33 35 |
| XIV. | 2:15 | Other Business & Adjournment | | |

(Note: Times may run slightly ahead of or behind schedule. If you are on the agenda, please plan to be present at least 10 minutes in advance.)

Next Meeting:

Thursday, October 9th, 2014: Northern Virginia Training Center, Fairfax

OTHER MEETING DATES IN 2014:

Friday, December 6th, DBHDS, Richmond

**STATE BOARD MEETING
DRAFT MINUTES – Regular Meeting**

Tuesday, April 9, 2014

Southwestern Virginia Mental Health Institute, Auditorium Building (A/B Classroom)
340 Bagley Circle, Marion, VA 24354-3390

REGULAR SESSION

Wednesday, April 9

REGULAR MEETING

| | |
|--|--|
| Members Present | Ananda K. Pandurangi, MD, Chair ; Bonnie Neighbour, Vice Chair ; Gretta Doering; Rev. Dr. Cheryl Ivey Green; Sandra A. Hermann; Thomas J. Kirkup; Paula N. Mitchell; The Hon. Amelia N. Ross-Hammond, Ph.D. |
| Members Excused | Col. (Ret.) Anthony W. Soltys. |
| Staff Present | Cheryl Chittum, Clinical Director, Southern Virginia Mental Health Institute (SVMHI) Robin Crews, Facility Administrator, SVMHI Mandy Crowder, Human Rights Advocate for SVMHI Linda Grasewicz, Assistant Director and Regulatory Coordinator, Office of Planning and Budget Daniel Herr, JD, Assistant Commissioner, Behavioral Health Services, and Director, SVMHI Kli Kinzie, Executive Secretary, Office of Human Rights Sara Maddox, Deputy Director of Legislative Affairs John Pezzoli, Acting Commissioner Ruth Anne Walker, Director of Legislative Affairs, and Board Liaison Margaret Walsh, Director, Office of Human Rights |
| Present via Teleconference | Connie Cochran, Assistant Commissioner, Developmental Services Don Darr, Assistant Commissioner, Finance and Administration Charline Davidson, Director, Planning and Development |
| Others | William Frank, Public Policy Manager, Virginia Association of Community Services Boards (VACSB) James Bebeau, L.P.C., Executive Director, Danville-Pittsylvania Community Services Board |
| Call to Order and Introductions | At 9:32 Ananda Pandurangi called the April 9, 2014, board meeting to order. |
| Approval of Agenda | <i>At 9:33, upon a motion by Bonnie Neighbour and seconded by Gretta Doering, the Board unanimously adopted the April 9, 2014, meeting agenda.</i> |
| Approval of Draft Minutes | At 9:35 the board reviewed the draft minutes of the December 6, 2013, meeting. <i>At 9:36 upon a motion by Tom Kirkup and seconded by Paula Mitchell,</i> |

the minutes of the December 6, 2013, board meeting were approved with one abstention.

Public Comment

At 9:37 Dr. Pandurangi called for public comments.
No public comments were offered.

Commissioner's Report

At 9:40 John Pezzoli, Acting Commissioner, provided an update from the department. Mr. Pezzoli addressed the Board on a number of topics:

- Mental Health actions in response to the November 18-19, 2013 tragedy;
- Updates on efforts in response to Virginia's Settlement Agreement with the US Department of Justice (DOJ);
- Medicaid Waiver redesign; and
- Budget and legislation, including studies.

Mr. Pezzoli encouraged Board members to ask questions to guide his presentation. He indicated that department leadership is making efforts to implement initiatives in response to the November tragedy. The department is identifying ways in which various offices can act in synchrony to optimize response to crises, with an overall focus on improving services and maintaining accountability for our responsibilities. Mr. Kirkup, Sandy Hermann, Bonnie Neighbour, and Ms. Mitchell provided comment on the information.

Charline Davidson, Connie Cochran and Don Darr joined the meeting via tele-conference and provided comments on behalf of the offices of Planning and Development, Developmental Services, and Finance and Administration. Among topics discussed were:

- Census growth at some facilities in relation to budgetary restraints;
- Balancing the principles of self-direction and recovery while still ensuring a reasonable expectation of safety in both facility and community responses, especially for individuals in crises; and,
- Services provision to individuals with special needs, especially children.

Don Darr provided a brief update on General Assembly-approved budget updates to date for fiscal year 2014. Dr. Pandurangi commented on the information. There was a brief discussion of 'specialized' beds (forensic, geriatric, etc.).

On the topic of the settlement agreement and developmental services, Mr. Cochran talked about the increase of individuals in group homes who want to move to independent living, and how their current providers are assisting in evaluating needed supports and identifying new, more independent placements. There is no particular metric formula for allocations of specific kinds of placements as the decisions are value driven. The settlement agreement independent reviewer and DOJ maintain a steady push for the most integrated setting for individuals

(appropriate to the individuals' needs). The monitoring of placements is the responsibility of the DBHDS Human Rights and Licensing offices, and other monitoring entities.

Mr. Cochran reviewed the department's efforts to make rates more attractive through "bridge funding" to provide programs with the additional funding needed to develop and open homes for individuals leaving the training centers. He spoke briefly about ID and DD Waivers and the waiver redesign group. Mr. Kirkup, Ms. Doering and Ms. Hermann asked questions or made comments on the information.

John Pezzoli reported on the appointment of a new Commissioner, Debra Ferguson, Ph.D. Dr. Ferguson is a clinical and forensic specialist who served in the U.S. Army and most recently worked for the state of Illinois, from Illinois, where she was the Senior Deputy and Chief of Clinical Operations for the Illinois Department of Human Services' Division of Mental Health. She will begin her appointment as commissioner on April 28th.

BREAK FOR TOUR

At 11:00 Dr. Pandurangi called for a break to tour the hospital.

Upon returning from the tour, the Board collected lunch before continuing the meeting.

Reconvene

At 12:10 the meeting reconvened. Dr. Pandurangi thanked Robin Crews for the tour and for the lunch provided by SVMHI.

Regulatory Action

At 12:10 Linda Grasewicz provided a general update on the status of current regulatory action.

Ms. Grasewicz then directed the Board's attention to the proposed revision of the Human Rights regulations. The Office of the Attorney General has reviewed the proposed changes and found them to be acceptable. The Board met as a Committee of the Whole on the afternoon of April 8 to discuss the proposed changes.

Upon a motion by Amelia Ross-Hammond and seconded by Bonnie Neighbour the Board unanimously approved the proposed changes with the addition of a cross-reference to page 81, item 4.

The regulations, as approved by the Board, will go to the Governor for approval and then be issued for public comment. Dr. Pandurangi thanked Margaret Walsh and Linda Grasewicz. In the future, members would receive, in addition to the sections proposed to receive changes, a full list of all sections of the regulation.

Policy Development and Evaluation

At 12:53 Ruth Anne Walker and Charline Davidson (via teleconference) reported on proposed changes to the Board's Bylaws that incorporate the intent of Policy 1010 (SYS)86-7 (Board Role in the Development of the Department's Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services) and Policy 2010 (ADM)88-2 (Policy Development and Evaluation).

Following discussion, the Board recommended an amendment to the section on the Planning and Budget Committee section and agreed that the entire proposed revision to the Bylaws will be re-circulated and reviewed again at the July meeting.

SVMHI: Overview

At 1:18 Daniel Herr, Facility Director of SVMHI, and DBHDS Assistant Commissioner for Behavioral Health, introduced Cheryl Chittum, Clinical Director, and Robin Crews, Facility Administrator, SVMHI. Mr. Herr gave a brief overview of SVMHI, the region served, and the demographics of the populations receiving services.

Dr. Pandurangi thanked Mr. Herr for coming to the meeting and for his presentation. He also thanked Cheryl Chittum and Robin Crews for their contributions, and all hospital staff involved in supporting the Board's visit.

Update on General Assembly Session Legislation

At 1:40 Ruth Anne Walker provided an update on the work of the General Assembly and the results to date of the 2014 Session. When all action is finalized a report will be posted on the department's web site (<http://www.dbhds.virginia.gov/OLPR-default.htm>).

Update on the Virginia Association of Community Services Boards

At 2:10 William Frank, Public Policy Manager for the Virginia Association of Community Services Boards, provided an update on the activities of the VACSB. He announced that Executive Director Mary Ann Bergeron will retire on June 30. Jennifer Faison will become Executive Director of VACSB on July 1, 2014.

VACSB is closely monitoring the progress of the budget in the General Assembly. VACSB is pleased about the passing of the mental health emergency services bills. Mr. Frank reported that two bills originating from VACSB have passed:

- House Bill 323, which allows any willing law enforcement officer to transport a TDO; and,
- House Bill 527 out of York County passed, making a change to the Code of Virginia allowing for a Special Use Permit that separates resident and non-resident staff.

VACSB has concerns with Senate Bill 627, which deals with individuals being moved from DBHDS training centers. Focus of the transition to community living must be placed on the specific needs of each individual.

Members of the VACSB are participating on the Governor's Mental Health Taskforce and the Waiver Design and Advisory Committee. VACSB continues to work on the Commonwealth Coordinated Care Project, and to provide information to legislators on the importance of expanding healthcare to the uninsured.

The VACSB Conference will be held on April 30 thru May 2 in Norfolk.

Dr. Pandurangi thanked Mr. Frank for his presentation.

**Draft Resolution
for Mary Ann
Bergeron**

At 2:25 Anand Pandurangi presented the draft DBHDS State Board Resolution for Mary Ann Bergeron.

Up on a motion by Thomas Kirkup and seconded by Bonnie Neighbour the Board unanimously accepted the draft Resolution for Mary Ann Bergeron as presented.

Miscellaneous

**Quarterly Budget
Report**

At 2:28 Ruth Anne Walker reported that there is nothing out of the ordinary with the budget, and that Don Darr is evaluating savings strategies.

**Board Liaison
Reports**

At 2:28 Board members reported on liaison activities since the December meeting. Mr. Kirkup attended the legislative conference for the VACSB in January. As Board Liaison he talked with Executive Directors at the Executive Forum.

Sandy Hermann attended a conference during which she heard discussion about a hearing that took place in her catchment area involving an individual with Down Syndrome who was making a case to be her own decision maker. Ms. Walker referenced a study that passed the General Assembly on the issue.

Dr. Pandurangi had no formal liaison activities to report, but said he served on a transition council on mental health for the incoming McAuliffe Administration. He will attend the mental health task force meeting on Thursday, April 10, and also will attend a meeting of the Psychiatric Society in the near future.

Ms. Mitchell had planned to attend the most recent System Leadership Council meeting in her area but it was cancelled. She has been working with various CSBs in the Southwest Consortium, and the regional partnership in the Danville area.

Amelia Ross-Hammond reported that Sentara Hospital has opened in her area. Her department restructuring goes into effect on April 15 (she is the Virginia Beach City Council liaison to the Department of Human

Services).

The Board received a liaison report from Mr. Soltys that was submitted in advance of the meeting. (See attached addendum).

Other Business At 2:31 Ruth Anne Walker announced the next meeting will be on July 23 in Richmond. The new DBHDS Commissioner will attend to meet with the Board.

Adjournment *Having no further business to discuss the meeting adjourned at 2:32 p.m.*

Ananda K. Pandurangi, Chair

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STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Policy and Evaluation Committee

APPROVED MINUTES

APRIL 9, 2014, 8:30 A.M.

DBHDS SVMHI

DANVILLE, VIRGINIA

Present: Paula Mitchell; Bonnie Neighbour, Committee Chair; Amelia Ross-Hammond; Gretta Doering; Sandra Hermann

I. Call to Order

Ms. Neighbour called the meeting to order at 8:50 a.m.

II. Welcome and Introductions

Members proceeded with introductions.

III. Adoption of Minutes, December 6, 2013

On a motion by Ms. Mitchell and a second by Ms. Doering, the minutes were adopted.

IV. Review and Discussion

Staff Recommendation: *Send out a draft policy for second field review.*

Policy 1004 (SYS) 83-7 (Prevention Services)

On a motion from Ms. Mitchell, and a second from Ms. Neighbour, the committee approved the draft and recommended it be sent out for a second field review.

Staff Recommendation: *Send out draft policies for initial field review.*

Policy 1023 (SYS) 89-1 (Workforce Cultural and Linguistic Competency)

On a motion from Ms. Doering, and a second from Ms. Hermann, the committee approved the draft and recommended it be sent out for an initial field review.

Cecily Rodriguez, Office of Cultural & Linguistic Competence, called in to explain the changes needed which include: updating references and language to reflect changes, refining background language so that it provides a more concise background for the need for such a policy, and reorganizing the policy section so that it aligns with the Enhanced CLAS Standards.

Staff Recommendation: *Send out draft policies for initial field review.*

Policy 1043 (SYS) 08-1 (Disaster and Terrorism Preparedness)

On a motion from Ms. Hermann, and a second from Ms. Ross-Hammond, the committee approved the draft and recommended it be sent out for an initial field review.

V. Next Meeting: June 3rd - Richmond

VI. Scheduled Review Matrix: Fall 2014

Staff noted there would be only three policies to review in the fall.

VII. Adjournment

There being no further business, the committee adjourned at 9:25 a.m.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

DRAFT MINUTES

JUNE 20, 2014, 10 A.M.

DBHDS CENTRAL OFFICE

RICHMOND, VIRGINIA

I. Call to Order

Ms. Neighbour called the meeting to order at 10:05 a.m.

II. Welcome and Introductions

Members proceeded with introductions.

III. Adoption of Minutes, April 9, 2014

On a motion by Ms. Hermann and a second by Mr. Soltys, the minutes were adopted.

IV. Review and Discussion

Staff Recommendation: *Send to full Board for approval at the July 23, 2014 meeting.*

Policy 1004 (SYS) 83-7 (Prevention Services)

On a motion from Ms. Hermann, and a second from Mr. Soltys, the committee approved the draft and recommended it be approved.

Staff Recommendation: *Send to full Board for approval at the July 23, 2014 meeting pending confirmation of discussed edits via email.* Policy 1023 (SYS) 89-1 (Workforce Cultural and Linguistic Competency)

On a motion from Ms. Hermann, and a second from Mr. Soltys, the committee approved the draft and recommended it be sent to the full Board for approval pending confirmation of discussed edits via email.

Staff Recommendation: *Send to full Board for approval at the July 23, 2014 meeting pending confirmation of discussed edits via email.* Policy 1043 (SYS) 08-1 (Disaster and Terrorism Preparedness)

On a motion from Mr. Soltys, and a second from Ms. Hermann, the committee approved the draft and recommended it be to the full Board for approval pending confirmation of discussed edits via email.

Simultaneously, staff will post the policies for second field review comments.

V. Next Meeting: July 23, 2014, Richmond

VI. Scheduled Review Matrix: Fall 2014

Staff noted there would be only three policies to review in the fall.

VII. Adjournment

There being no further business, the committee adjourned at 11:40 a.m.

POLICY MANUAL

State Board of Behavioral Health and Developmental Services Department of Behavioral Health and Developmental Services

POLICY1004 (SYS) 83-7 Prevention Services

Authority Board Minutes Dated: July 27, 1983
Effective Date: August 24, 1983
Approved by Board Chair: /s/ James C. Windsor

References § 37.2-312.1, §37.2-500, and §37.2-601 of the Code of Virginia (1950), as amended
~~Bylaws of the State Board of Behavioral Health and Developmental Services~~
~~Bylaws of the Prevention and Promotion Advisory Council~~
Plan for Prevention Services, Phase I (1988), *Phase II*, (1994) and *Phase III*, (2002),
Virginia Department of Behavioral Health and Developmental Services
Core Services Taxonomy 7.2, ~~CSB Service Definitions~~
Comprehensive State Plan 2008-2014 - 2020
~~Institute of Medicine. *Reducing Risks for Mental Disorders*. Washington, D.C.: National Academy Press, 1994.~~
*Institute of Medicine. *Preventing Mental, Emotional and Behavioral Disorders Among Young People*, Washington, D.C., National Academy Press, 2010*
Woodward, Albert. (1998). *Overview of Methods: Cost-effectiveness, Cost- benefits, and Cost-offsets of Prevention*. In National Institute of Drug Abuse. *Cost Benefit/Cost Effectiveness Research of Drug Abuse*.
*Center for Substance Abuse Prevention. *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. Substance Abuse & Mental Health Services Administration (SAMHSA), 2009.*
Suicide Prevention Across the Lifespan for the Commonwealth of Virginia, 2013.

Background Prevention services are identified in §37.2-500 and §37.2-601 of the Code of Virginia as part of the array of core services that may be provided by community services boards or the behavioral health authorities, hereafter referred to as CSBs. Core Services Taxonomy 7.2 ~~states that prevention services are designed to prevent mental illness, mental retardation, or substance use disorders~~ defines prevention services. Prevention services are designed to prevent mental health or substance use disorders. Services promote mental health through individual and population-level change strategies. Prevention services are identified as a result of data-driven

Background
(continued)

planning and the utilization of evidenced-based programs, practices, and strategies. According to the Taxonomy, prevention services involve people, families, communities, and systems working together to promote their strengths and potentials. Prevention is aimed at substantially reducing the incidence of mental illness, mental retardation and substance use disorders. The emphasis is on the enhancement of protective factors and the reduction of risk factors.

The following principles are the basis for prevention strategies in the public mental health, developmental, and substance abuse services system:

- Healthy lifestyles and practices reduce the risks of future problems and mental health or substance use disorders;
- There are effective prevention services substantiated and proven through rigorous research that support substance abuse prevention and mental health promotion outcomes; and
- These prevention efforts are economically beneficial to the Commonwealth by reducing because they reduce the need of individuals for mental health or substance abuse treatment services in the future and increase their productivity.

Evidence from research studies reviewed in ~~the~~ Institute of Medicine studies (1994 ~~and~~ 2010); and the Department's Plan for Prevention Guidelines Services Phase I (1988), Phase II (1994), and Phase III (2002); and from cost-benefit and cost-effectiveness studies; indicates that some preventive measures reduce the incidence of disease and the related cost of treatment, and the impact of mental health or substance use disorders on family families and the economy (Woodward, 1998).

Purpose

To articulate policy and identify priorities for prevention services in the public mental health, ~~developmental~~, and substance abuse services system ~~and establish the Prevention and Promotion Advisory Council (PPAC).~~

Policy

It is the policy of the Board to promote and support effective prevention services in the public mental health, ~~developmental~~, and substance abuse services system. The Department shall provide leadership for technical assistance to, and consultation about, and monitoring and evaluation of community prevention services. CSBs shall develop and implement evidenced-based planning and prevention services to address needs identified by state and community data to the greatest extent possible that enhance protective factors and reduce risk factors. These prevention efforts should involve families, communities, and public and private service systems and organizations.

Policy
(continued)

~~Further, it~~ It also is the policy of the Board that planning for prevention activities services shall incorporate the Strategic Prevention Framework, a an evidenced-based and community-based needs assessment focused planning model. This model involves data driven needs assessment, planning and evaluation, capacity building, and implementation of evidenced-based programs, strategies, and practices.

Overlaying all these components are cultural competence and sustainability of effective outcomes. Interagency, constituency, and public-private partnerships shall be emphasized and serve as a means of gaining the widest possible commitment, understanding, and support for prevention activities services.

~~It Further, it is also the policy of the Board that prevention services shall be considered in policy development and the allocation of resources for community mental health, developmental, and substance abuse services. Prevention services shall be evidence-based or innovative and include a strong evaluation component to measure their effectiveness.~~

It also is the policy of the Board that statewide efforts shall continue to target prevention service priorities identified in the current Comprehensive State Plan, including the following:

1. Substance abuse prevention services aimed at substantially reducing the incidence of alcohol, tobacco, and other drug abuse.

Based on statewide prevention planning efforts and community-based needs assessments, CSBs reported that shall identify the most significant risk factors for substance use disorders are availability of drugs, family management problems, and early initiation of problem behavior. Populations identified in need of intervention were school age youth and families. The PPAC has also identified the need to focus on prevention services for the family. This data shall be utilized to develop comprehensive strategic plans that are inclusive of individual and population-level strategies.

2. Suicide prevention efforts across the life span.

In 2005, the General Assembly designated the Department in 2005 as the Commonwealth's lead agency for suicide prevention efforts across the life span pursuant to § 37.2-312.1 of the Code of Virginia. In collaboration with other Virginia state agencies, the Department has developed a plan titled *Suicide Prevention Across the Lifespan for the Commonwealth of Virginia* that identifies identified several broad statewide objectives including prevention of death from suicide, reduction of in the occurrence of other self-harmful acts, increased risk recognition, and improved access to care. This plan was updated in 2013, and it still designates the Department as the lead agency for these efforts. Coupled with this effort are mental health promotion and the implementation of a statewide education strategy - *Mental Health First Aid*. The intended outcome of this strategy is to reduce stigma associated with mental illness by heightening community members understanding of mental illness and heightening their ability to provide lay support to those experiencing its signs and symptoms.

Policy
(continued)

3. Prevention of youth access to tobacco products.

The Synar Amendment to the federal Alcohol, Drug Substance Abuse, and Mental Health Services Administration Reorganization Act required that states conduct annual inspections of randomly selected tobacco retail outlets to determine how likely it is that underage youth are able to purchase tobacco

products. The rate of vendor noncompliance must not exceed a previously agreed upon target rate as a condition for the receipt of federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, ~~which that~~ support community substance abuse treatment and prevention services.

The Department partners with the Virginia Alcoholic Beverage Control Board (ABC) to implement Synar. (ABC) to provides all compliance and enforcement efforts. Under Synar, the CSBs are responsible for Merchant Education to retailers and any tobacco education efforts that are specific to youth tobacco use only under Synar.

Finally, it is the policy of the Board that the Department shall establish the PPAC a Prevention Advisory Council to serve as its advisory body in advise it about the formulation and review of prevention goals and policies, ~~and designate One Board member to shall serve as its liaison to the PPAC on the Council. The members of the PPAC shall be appointed by the Board and the PPAC shall operate under bylaws that address its:~~

- ~~■ Objective, purpose, and responsibilities and relationship to the State Board, Department, and other appropriate organizations and agencies;~~
- ~~■ Membership;~~
- ~~■ Organization; and~~
- ~~■ Meetings.~~

~~The bylaws shall be reviewed, revised as required, and submitted to the State Board by April 1 of each year for approval by the Board with an effective date of July 1 of the same year.~~

POLICY MANUAL

State Behavioral Health and Developmental Services Board Department of Behavioral Health and Developmental Services

POLICY 1023(SYS) 08-2 Workforce and Cultural and Linguistic Competency

| | |
|-------------------|---|
| Authority | <p>Board Minutes Dated: June 3, 2008 Effective Date: June 3, 2008 Approved by Board Chair: Victoria H. Cochran</p> |
| References | <p>U.S Department of Health & Human Services, The Office of Minority Health, National Standards on Culturally and Linguistically Appropriate Services in Health Care (CLAS), July 2001. <u>U.S. Department of Health & Human Services. HHS Action Plan to Reduce Racial and Ethnic Health Disparities</u> <u>Title VI of the Civil Rights Act of 1964</u> <u>Americans with Disabilities Act (ADA)</u> DBHDS Position Statement on Culturally and Linguistically Appropriate Services Hogg Foundation for Mental Health, The University of Texas at Austin, Cultural Competency, A Practical Guide for Mental Health Services, 2001. The National Academy of Sciences, Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, 2002. The President's New Freedom Commission on Mental Health, Achieving the Promise, Transforming Mental Health Care in America, July 2003. Workforce and Cultural Competency Conference, DMHMRSSAS, Cultural Competence and Virginia's Mental Health System, October 2007. DBHDS Departmental Instruction 209 (RTS) 95 Ensuring Access to Language and Communications Supports 2014 Comprehensive State Plan 2014-2020, 2008-2014, December 2007. Current Community Services Board <u>Performance Contract</u></p> |
| Supersedes | <p>POLICY 1023(SYS)89-1 <i>Services Accessibility for Cultural and Ethnic Minorities</i></p> |
| Background | <p><u>Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health [OMH], 2011). Achieving health equity requires creating fair and impartial (equitable) opportunities for health and eliminating gaps in health outcomes between different social groups. There are numerous reasons that certain populations in the U.S. are unable to attain their highest level of health. The factors may include variables such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health</u></p> |

Promotion, 2010) and though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the ability to provide services that are culturally and linguistically appropriate for all individuals in our communities (OMH, 2013).

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). There are numerous ethical and practical reasons why providing culturally and linguistically appropriate services in health care is necessary, including the following, which have been identified by the National Center for Cultural Competence (Cohen & Goode, 1999, revised by Goode & Dunne, 2003):

1. To respond to current and projected demographic changes in the United States.
2. To eliminate long-standing disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds.
3. To improve the quality of services and primary care outcomes.
4. To meet legislative, regulatory, and accreditation mandates.
5. To gain a competitive edge in the market place.
6. To decrease the likelihood of liability/malpractice claims (OMH, 2013).

~~According to the U.S. Department of Health and Human Services (USDHHS), certain population groups have a higher incidence of disability from mental health disorders than the general population. Certain population groups are also found to be disproportionately affected by diseases and death due to alcohol and other substance use disorders.~~

~~The reasons for these types of disparities are complex but are partially attributed to a lack of or relatively poor quality care that these population groups receive for mental health or substance use disorders. Even when these groups obtain mental health or related services, they are often substandard quality and not equal to services received by the white population. The National Academy of Sciences (2002) found that some non-white population groups may experience a range of barriers to services, even when insured at the same level as whites, including barriers of language, geography, and cultural familiarity.~~

~~America's population is rapidly becoming more diverse. African American, Hispanic, Asian and other non-white population groups are increasing at a significantly higher rate than the white population. In 2001, the USDHHS reported that more than 85% of all psychologists, counselors, and social workers in the national workforce were white. In Virginia, African Americans comprised about 35% of the total admissions to state mental health facilities for the ten year period 1990-1999 although African Americans were only approximately 19% of the total Virginia population for this period. In view of these circumstances, there appears to be a critical lack of trained bi-lingual, bi-cultural service providers in the mental health services system. Having a Ph.D. or M.D. or being bilingual does not guarantee that a clinician will be culturally competent.~~

~~The president's New Freedom Commission on Mental Health stated in its Final Report stated: "The current mental health system has neglected to incorporate, respect or understand the histories, traditions, beliefs, languages, and value~~

systems of culturally diverse groups. Misunderstanding and misinterpreting behaviors have lead to tragic consequences... There is a need to improve access to quality care that is culturally competent.”

The Hogg Foundation for Mental Health at the University of Texas (2001) has Described cultural competency as the integration and transformation of knowledge, information, and data about individuals and groups of people into specific clinical standards, skills, service approaches, techniques and marketing programs that match an individual’s culture and increase the quality and appropriateness of health care outcomes. Culture is critical in determining what people bring to the clinical setting. It affects language, how concerns are expressed, how help is sought, the development of coping styles and social supports, and the degree to which stigma is attached to mental health problems. The cultural appropriateness of mental health, intellectual disability, and substance abuse services may be the most important factor in the accessibility of services by racial or certain population groups. Developing culturally sensitive practices can help reduce barriers to effective treatment and service utilization.

In ~~July 2001~~ April 2013, the USDHHS Office of Minority Health released Enhanced National Standards on Culturally and Linguistically Appropriate Services (CLAS) in health care. These standards address culturally competent care, language access services, and organizational supports and include mandates (intended for recipients of federal funds), guidelines, and recommendations. They are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. The enhanced National CLAS Standards emphasize the importance of CLAS being integrated throughout an organization. This requires a bottom-up and a top-down approach to advancing and sustaining CLAS. In 2008, the Department adopted these standards as the framework for planning culturally and linguistically appropriate services in our system, designed to be integrated throughout health care organizations to make practices more culturally and linguistically accessible.

~~In October 2007, the Department of Mental Health, Mental Retardation and Substance Abuse Services (hereinafter referred to as the Department) sponsored a Workforce and Cultural Competency Conference to promote services and improve access for multicultural consumers across Virginia. This conference educated service providers, policy makers, and administrators about cultural competence and highlighted evidence based practices and strategies for integrating cultural competence into ongoing service delivery and creating multicultural environments.~~

The Civil Rights Act of 1964 says that no person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination based on race, gender, ethnicity, or national origin under any program or activity receiving federal financial assistance. The law requires that organizations that receive federal dollars such as Medicaid reimbursements must take reasonable steps to ensure meaningful access to their programs and activities by individuals who have limited English Proficiency.

The Americans with Disabilities Act also requires that organizations that receive federal dollars such as Medicaid reimbursements “take appropriate steps to ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others.” (28 C.F.R. § 35.160(a).

As part of the Partnership Agreement included in the current Community Services Performance Contract, the Department’s central office, state facilities and CSBs have agreed to:

- Endeavor to deliver services in a manner that is understood by ~~consumers~~ individuals receiving services. This involves communicating orally and in writing in the primary preferred languages of consumers individuals, including Braille and American Sign Language when applicable, and at appropriate reading comprehension levels.
- Endeavor to address to a reasonable extent the cultural and linguistic characteristics of the geographic areas and populations that they serve.

The purpose of providing culturally and linguistically competent services is to:

- Create a safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides individual- and family-centered care
- Ensure that all individuals receiving services experience culturally and linguistically appropriate encounters;
- Ensure compliance with federal law.
- Meet communication needs so that individuals understand the services they are receiving and can participate effectively in their own care and make informed decisions; and
- Eliminate discrimination and disparities in access and outcomes to services in effort to achieve health equity.

Purpose

To articulate policy affirming the importance of a culturally and linguistically competent workforce in Virginia’s public mental health, ~~intellectual disability~~ developmental, and substance abuse services system and to support the integration of culturally and linguistically competent practices and concepts into system design and service delivery.

Policy

It is the policy of the Board that the Department, state facilities, and CSBs shall provide effective, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs to services to individuals in the public mental health, intellectual disability developmental, and substance abuse services system. To support implementation, this policy is organized by the themes of the National Standards for Culturally and Linguistically Appropriate Services. ~~in a manner that is sensitive to the beliefs, norms, values, traditions, customs, and language of the individual regardless of the individual’s racial, ethnic, or cultural background. Consistent with this policy,~~

the Department, state facilities, and CSBs shall develop mechanisms to facilitate community and consumer involvement in the design and implementation of culturally and linguistically appropriate mental health, mental retardation, and substance abuse services.

Governance and Leadership

~~The Board believes that efforts to provide such services must permeate every area of the organization from the top down and the bottom up. As such, services that are designed and implemented with attention to diverse community and consumer needs and desires will improve access to services for multicultural consumers across Virginia because such services are more likely to be responsive, efficient, and effective. These efforts should also promote greater access for individuals in the community who may be in need of services but are currently not receiving them because of cultural or linguistic barriers.~~ It is the policy of the Board that the Department, state facilities, and CSBs shall use a variety of formal and informal mechanisms to advance and sustain organizational governance and leadership that promote culturally and linguistically appropriate services, on linguistic and cultural competence that would otherwise be difficult or costly to obtain, and at the same time provide beneficial and empowering opportunities for system consumers and their families.

It also is the policy of the Board that Department, state facilities, and CSBs shall work to institutionalize culturally and linguistically appropriate services through the development and continual assessment and evaluation of policies, practices, and allocated resources.

Further, it is the policy of the Board that the Department, state facilities, and CSBs shall develop strategies to recruit, promote, and support a culturally and linguistically diverse leadership and workforce that is responsive to the populations receiving services. Plans to educate and train leadership and staff in culturally and linguistically appropriate policies and practices should be developed and implemented on an ongoing basis.

Communication and Language Assistance

It also is the policy of the Board that written documents and verbal communication related to services shall be made available to consumers individuals receiving services in their preferred or primary language, to the greatest extent possible within available resources. Consistent with this policy and Title VI of the Civil Rights Act, and the Americans with Disabilities Act (ADA) including the implementation provisions in Title VI and Title II, Subpart E of the ADA, the Department, state facilities, and CSBs shall identify:

- Offer language assistance to individuals who have limited English proficiency or other communication needs at no cost to them to facilitate timely access to all services.
 - Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
-

-
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals or minors as interpreters should be avoided.
 - Provide easy-to-understand print and multimedia materials and signing in the languages commonly used by the populations receiving services.

Engagement, Continuous Improvement, and Accountability:

Further, it is the policy of the Board that to the extent possible, the Department, state facilities, and CSBs shall determine additional data necessary to understand and plan for the development and implementation of services for diverse populations in their communities. This may require the collection of data on community health assets and needs, and population trends.

It also is the policy of the Board that the Department, state facilities, and CSBs shall partner with individuals, organizations and groups from diverse and minority communities and other state and local agencies to design, implement, and evaluate policies, practices, and services to ensure their cultural and linguistic appropriateness. It is important to use a variety of formal and informal mechanisms to involve consumers-individuals receiving services, family members, and relevant community groups with multicultural perspectives, including membership on state and community boards, councils, and advisory committees involved in behavioral health and developmental disability services planning and implementation; participation in community meetings and on focus groups; and through informal conversations and interviews. This participation and collaboration can provide the system with better understanding of the strengths and disparities present in such diverse and minority populations, multicultural issues, strengthen relationships with culturally diverse groups, provide meaningful expertise that can inform decision making, and provide mutually beneficial opportunities for providers, individuals, and families.

It is also the policy of the Board that the Department, state facilities, and CSBs shall, to the greatest extent possible within available resources, participate in training and development of educational opportunities for clinical and administrative staff with regard to culturally and linguistically appropriate practices and services delivery. This training shall include topics such as effective communication and conflict resolution among staff and consumers of different cultures or with different languages and how to work with and access interpreters, translators, and telephone language services. Training should also enable staff members to explore their own cultural values, recognize and respect the cultural variations, strengths, and resources of the consumers that they serve, and to adapt programs and services, as appropriate.

It is also Board policy that the public mental health, intellectual disability, and substance abuse services system shall maintain a culturally diverse workforce to the greatest extent possible within available resources. Consistent with this policy, the Department, state facilities, and CSBs shall implement strategies to recruit, retain, and promote a diverse clinical and administrative staff and system

~~leadership that represents the demographic characteristics of the population served in Virginia's public mental health, intellectual disability, and substance abuse services system. Proactive strategies such as recruitment incentives, partnerships with school systems, mentoring, and other employment programs shall be used to build diverse workforce capacity. The Board believes that a culturally diverse staff is crucial to accurately assess the needs of consumers with different cultural and linguistic backgrounds and address those needs in the provision of services, policy development, and in funding requests for the system.~~

Finally, it is the policy of this Board that conflict and grievance resolution processes anticipate, identify, and respond to cross cultural needs, are provided in the preferred language of the individuals involved, and identify, prevent, and resolve conflicts or complaints in a timely manner.

~~Finally, it is the policy of the Board that written documents and verbal communication related to services be made available to consumers in their preferred or primary language to the greatest extent possible within available resources. Consistent with this policy and the national CLAS standards, and Title VI of the Civil Rights Act, the Department, state facilities, and CSBs shall identify:~~

- ~~• Language needs of individuals receiving services who have limited English proficiency;~~
 - ~~• Points of contact in the organization for obtaining language assistance;~~
 - ~~and~~
 - ~~• Availability of resources and ways to access them to provide timely language assistance.~~
-

POLICY MANUAL
State Board of Behavioral Health and Developmental Services
Department of Behavioral Health and Developmental Services
POLICY 1043(SYS) 08-1 Disaster and Terrorism Preparedness

| | |
|-------------------|---|
| Authority | <p>Board Minutes Dated: June 6, 2008 Effective Date: June 6, 2008 Approved by Board Chairman: Victoria H. Cochran</p> |
| References | <p>§ 44-146.13 through § 44-146.28 of the Code of Virginia (1950), as amended. Commonwealth of Virginia, Office of the Governor, Executive Order 44 (2007), Establishing Preparedness Initiatives in State Government. Comprehensive State Plan 2008-2014, December 2007. The Joint Commission (formerly JCAHO), Emergency Management Standards. Commonwealth of Virginia Emergency Operations Plan, Basic Plan, Volume 1 and Volume 2, September 2007. Responding to the Needs of People with Serious and Persistent Mental Illness in Times of Major Disaster, U.S. Department of Health and Human Services Publication No. (SMA) 96-3077, January 1996. <u>§37.2-500, and §37.2-602 of the Code of Virginia (1950), as amended</u> <u>§ 416 of The Stafford Act, PL 93-288.</u> <u>Commonwealth of Virginia Emergency Operations Plan, 2012</u> <u>Commonwealth of Virginia, Office of the Governor, Executive Order No. 41</u> <u>(2011), Continuing Preparedness Initiatives In State Government and</u> <u>Affirmation of the Commonwealth of Virginia</u> Current Community Services Performance Contract. <u>Comprehensive State Plan 2014-2020, 2013.</u> <u>Core Services Taxonomy 7.2, CSB Service Definitions, Virginia Department</u> <u>of Behavioral Health and Developmental Services,</u> <u>http://www.dbhds.virginia.gov/documents/reports/OCC-2010-</u> <u>CoreServicesTaxonomy7-2v2.pdf</u> <u>Emergency Operations Plan Importance, http://www.longwood.edu/assets/safety/</u> <u>EO 41.pdf</u> <u>Manual for Mental Health and Human Service Workers in Major Disasters Training</u> <u>file:///C:/Users/xxb47543/Downloads/Field%20Manual%20for%20Mental%20</u> <u>0Health%20and%20Human%20Services%20Workers%20in%20Disasters%20</u> <u>02000.pdf</u></p> |
| Background | <p><u>Virginia is vulnerable to a variety of hazards such as flooding, hurricanes, tropical and winter storms, earthquakes, hazardous materials incidents, acts of terrorism, and</u> <u>Virginia is the fifth most likely place for a disaster to occur in the United States. In</u> <u>the last ten years, the Commonwealth has experienced almost as many nationally</u> <u>recognized major disasters as Texas or California. The continuing threat of terrorist</u> <u>attacks, the serial sniper attacks that occurred in Fall 2002, natural disasters such as</u> <u>Hurricane Isabel, and the tragic events at Virginia Tech in April 2007 have</u> <u>The threat of natural and human-caused disasters have made it clear that Virginia's public mental</u></p> |

~~behavioral health and developmental services, intellectual disability, and substance abuse services~~ system must be ready to respond. It is also evident that planning for disasters must encompass strategies for service delivery during the immediate aftermath as well as the longer recovery process and must address the needs of individuals receiving services in the system and care givers, staff who are affected by the disaster, and individuals in the community who have mental health service needs caused or aggravated by the disaster.

The aftermath of ~~these~~ tragedies has ~~also~~ demonstrated that mental health and substance abuse services are is a critical and vital component for all aspects of emergency mitigation, preparedness, response, and recovery. National research studies have demonstrated that in a crisis, early ~~mental~~ behavioral health intervention activities assist individuals and in the communities who have behavioral health service needs caused or aggravated by the disaster to respond with positive coping mechanisms and resiliency and positive coping mechanisms. Studies have also found that the disaster ~~mental~~ behavioral health needs of individuals with preexisting mental health or substance abuse disorders, illnesses, or intellectual disability, or substance use disorders will be similar to those of the general population.

The ~~Governor of Virginia has established an Office of Commonwealth Preparedness~~ the Secretariat of Public Safety and Homeland Security was established within the Governor's Office to advise him the Governor on the status of the emergency planning and continuation of operations procedures established by executive branch agencies. In addition, § 44-146.13 through § 44-146.28 of the Code of Virginia require that the Virginia Department of Emergency Management Services (VDEM) develop and administer a plan that provides for state-level emergency operations in response to any type of disaster or large-scale emergency affecting Virginia the Commonwealth of Virginia Emergency Operations Plan (COVEOP). This Emergency Operations Pplan provides for state-level emergency operations in response to any type of disaster or large-scale emergency affecting Virginia and is the framework within which more detailed emergency plans and procedures can be developed and maintained by state agencies, local governments, and other organizations. This Pplan also designates the Department of Mental Health, Mental Retardation and Substance Abuse Services Behavioral Health and Developmental Services (hereinafter referred to as the Department) as a key support agency in a significant crisis or disaster.

During a disaster situation, the Department, state hospitals and training centers (hereinafter referred to as state facilities), community services boards and the behavioral health authorityies (hereafter referred to as CSBs) are expected to respond and coordinate with other state agencies to provide coordination of behavioral health supports, crisis-counseling programs and other mental behavioral health response initiatives. The Department would be active in ~~prepare~~ preparing federal grants requests to secure federal emergency response funding; and assure the provision of accurate, timely, and instructive information ~~to~~ for the public and services system constituents.

State Facility Preparedness: The Joint Commission's environment of care emergency

management standards require hospitals and ~~long-term care~~ other health care facilities to engage in cooperative planning with other health care organizations (e.g. other hospitals providing services to a contiguous geographic area) to facilitate the timely sharing of information, resources, and assets in an emergency response. Several state facilities have partnered with other entities on regional emergency planning efforts to increase regional hospital surge and response capability for individuals receiving services ~~service system consumers~~ and other members of the public.

Community Services Board Preparedness: The community services performance contract requires all CSBs to develop and maintain All-Hazards Disaster Response Plans that include attention to each stage of an emergency event. These plans will assure CSBs are prepared to respond to all types of disasters that may occur in their service areas. Additionally, CSBs have undertaken efforts to develop collaborative relationships with local public health departments and emergency management agencies.

Purpose

To articulate policy on the critical importance of ~~mental~~ behavioral health services in disaster and emergency planning, preparedness, recovery, and response activities and the continuation of services for individuals receiving services in the public ~~mental behavioral~~ health, ~~intellectual disability~~, and ~~substance abuse~~ developmental services system during disaster or emergency conditions and following a disaster.

Policy

It is the policy of the Board to promote and support the inclusion of ~~mental~~ behavioral health services in all disaster and emergency planning, preparedness, response, recovery and post-disaster follow-up activities for the general community. Consistent with this policy, the Department, state facilities, and CSBs shall, ~~assure (to the greatest extent possible)~~, assure that emergency preparedness, response, recovery, and post disaster planning undertaken by state agencies, local governments, and other organizations integrate ~~mental~~ behavioral health into physical health and medical support functions. This shall be accomplished through:

- Educating policymakers and decision makers regarding the importance of including ~~mental~~ behavioral health services in disaster planning, preparedness, response, and recovery activities;
- Informing policymakers and decision makers about the interdependent relationship between ~~mental~~ behavioral health services and public health services;
- Establishing necessary and appropriate liaisons with and participating in state and local emergency services planning activities that outline specific responsibilities and interagency relationships in the event of a major disaster; and
- Advocating for fiscal and human resources for ~~mental~~ behavioral health services in disaster planning, preparedness, recovery, and response activities.

It also ~~is also~~ the policy of the Board that the Department, state facilities, and CSBs shall ensure, to the greatest extent possible, that needed services continue to be provided to ~~consumers~~ individuals in the public ~~mental~~ behavioral health, ~~intellectual~~

~~disability, and substance abuse~~ developmental services system during disaster or emergency conditions and following a disaster. The resources of the Department, CSBs, and state facilities shall first be made available to respond to the needs of individuals receiving services in ~~the public~~ this system and to address the needs of state facility and CSB staff in a crisis situation and during the follow-up period.

~~Further, it is the policy of the Board that~~ Consistent with this policy, the formal planning for disasters and emergency response efforts undertaken by the Department, CSBs, and state facilities shall include specific means for restoring routine operations as rapidly as possible and strategies for maintaining ~~consumer~~ services following any large-scale incident. This includes having necessary plans and procedures in place for responding to major disasters and provisions for safely and appropriately relocating ~~consumers~~ individuals receiving services as required and provisions for appropriate post disaster services. Additionally, because ~~consumers~~ these individuals are likely to require special or non-routine intervention as a result of the disaster or emergency situation, the Department, CSBs, and state facilities shall identify and develop specific interventions required to address these specific needs.

~~It also is the policy of the Board that~~ Consistent with this policy, the Department shall fulfill its responsibility to coordinate the provision of crisis counseling and emergency ~~mental~~ behavioral health services following a major disaster in accordance with the Stafford Act, which constitutes the statutory authority for federal disaster response activities especially as they pertain to the Federal Emergency Management Agency (FEMA) and FEMA programs. Crisis counseling services shall be provided to the greatest extent possible by the CSB or CSBs in the area affected by the disaster. However, staff from CSBs and state facilities in unaffected areas also may be needed to provide supplemental crisis counseling.

Further, it is the policy of the Board that CSB and state facility clinical staff ~~in service training~~ shall ~~include~~ receive information in service training about their organization's continuity of operations plans and procedures, crisis counseling techniques, and the recognition of "normal" disaster-related responses in people with an intellectual disability or preexisting mental health or substance use disorders.

Finally, it is the policy of the Board that the Department, state facilities, and CSBs shall offer, to the greatest extent possible, education opportunities to ~~consumers~~ individuals receiving services and their family members about preparation, survival, and post-disaster services, including appropriate follow-up. This training may be adapted to different service programs and may include topics such as the ~~actions~~ consumers behaviors individuals and staff may ~~take~~ display, what they are likely to experience during different types of disasters, and resources that are available during recovery. ~~The Board believes that such~~ These education programs are empowering and can enable ~~consumers~~ individuals receiving services and their families to become valuable contributors to the response and recovery process in an actual disaster.

A. Current and Pending Regulatory Actions – JULY 2014

DBHDS Regulatory Actions

| VAC Number | Title | Purpose | Regulations in Process | | Actions Summary |
|-----------------------|---|---|-------------------------------|---|------------------------|
| | | | Stage | Status | |
| 12 VAC 35-115 | <i>Human Rights Regulations</i> Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services | To improve administrative and program efficiencies; simplify processes; clarify roles and functions; enhance the user friendliness of the regulations; and eliminate redundancies in statutory requirements | <u>Proposed</u> | The Board will be asked to consider proposed regulatory changes at this meeting | |
| | | To address incorrect, incomplete and out-dated legal citations | <u>Exempt</u> | The Board will be asked to consider proposed regulatory changes at this meeting | |

Other Regulatory Actions

| VAC Number | Title | Purpose | Regulations in Process | | Actions Summary |
|-----------------------|---|---|-------------------------------|--|---|
| | | | Stage | Status | |
| 12 VAC 35-225 | <u>Part C Regulations</u> <u>Requirements for the Virginia Early Intervention System</u> | To ensure that a system of appropriate early intervention services are available to all eligible infants and toddlers with disabilities | <u>Emergency</u> | Comprehensive early intervention regulations are under review by the Governor. | The 2013 General Assembly determine in Item 315 H.4 that DBHDS needed to promulgate regulations within 280 days that implement 34 CFR Parts 300 and 303 related to early intervention activities. |



COMMONWEALTH of VIRGINIA

DEBRA FERGUSON, Ph.D.
COMMISSIONER

BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797
Telephone (804) 786-3921

Fax (804) 371-6638
www.dbhds.virginia.gov

DEPARTMENT OF

MEMORANDUM

TO: State Board of Behavioral Health and Developmental Services
FROM: Linda B Grasewicz, Regulatory Coordinator
DATE: June 30, 2014
SUBJECT: Additional Comments from the Office of the Attorney General (OAG) on the current proposed changes in 12 VAC 35-115
Rules and Regulations To Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services

In April, the Board adopted changes to the 12 VAC35-115 regulations as a result of the NOIRA to streamline administrative process; improve program efficiencies; and eliminate redundancies that was initiated by the Board in October 2012. These changes were developed with significant public input and with the assistance of the OAG. As a result of the OAG's formal review of these proposed regulatory changes, that office had several questions and recommended additional changes in the modifications adopted by the Board in April. While most of these recommended changes were technical in nature, addressing the OAG questions about the proposed role of the local human rights committee (LHRC) and its review and approval authority will require substantive modifications to the proposed changes that the Board previously adopted.

Therefore, two regulatory actions related to the OAG review are before the Board:

First, the Board is being asked to make the technical corrections that are needed in these regulations, which do not directly relate to the focus of the current NOIRA (administrative process and program efficiencies).

Second, the Board is being asked to adopt the attached proposed changes related to the current NOIRA. Attached are the changes that resulted from the work between DBHDS and OAG staff. The **yellow highlighting** indicates where changes are being proposed to the modifications that the Board adopted in April. The table on the next page summarizes these proposed changes.

Summary of the June 2014 OAG Comments and DBHDS Response

| Section number (corresponding page numbers) | OAG Comments | DBHDS response |
|--|---|--|
| 10 (pgs 1 & 2) | Remove #6 related to peer-run programs licensed by DBHDS Technical changes | The OAG did feel the Department had the authority to exempt peer-run programs |
| 20 (pgs 3-13) | Technical changes Questions about treatment plan review and approval responsibilities | Added a definition of "independent review committee" as part of the solution to address OAG concern about treatment plan review process. |
| 50 (pgs 13-21) | Technical changes | |
| 60 (pgs 21-23) | Technical changes | |
| 90 (pgs 24-28) | Technical changes | |
| 100 (pgs 28-31) | Technical changes | Modified provision B5 to clarify the scope of the LHRC review and approval authority related to the imposition of restrictions |
| 105 NEW (pgs 31-33) | | Created new section to address OAG's questions about the review of behavioral plans by IRC, LHRC and SCC |
| 110 (pgs 33-39) | Technical changes | Provisions 18-21 have been relocated to new 105 section |
| 130 (pgs 39-40) | Technical changes | |
| 140 (pgs 39-40) | No comments | |
| 145 (pgs 40-42) | No comments | |
| 150 (pgs 43-44) | Technical changes HIPAA concerns | |
| 170 (pgs 44-47) | No comments | |
| 175 (pgs 47-51) | Technical changes Suggested removing provision H. Feel that "reason to suspect" goes beyond the mandated reporting requirements of 260 (A)(8). | Retained the provider's duty to fully comply with DSS investigations |
| 180 (pgs 52-54) | Technical changes | |
| 190 (54-55) | No comments | |
| 200 (55-58) | No comments | |
| 210 (pgs 58-62) | Technical changes | |
| 230 (pgs 62-66) | Technical changes Questioned if the Department had the authority to grant extensions | Technical changes made Removed all references to the Department granting extensions. |
| 250 (pgs 66-77) | No comments | |
| 260 (pgs 77-80) | Technical changes | |
| 270 (pgs 81-85) | Technical changes Clarifications regarding the LHR review responsibilities | . |



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Post Office Box 1797
Richmond, Virginia 23218-1797
Telephone (804) 786-3921

Fax (804) 371-6638
www.dbhds.virginia.gov

DEPARTMENT OF

MEMORANDUM

TO: State Board of Behavioral Health and Developmental Services
FROM: Linda B Grasewicz, Regulatory Coordinator
Karen A Taylor, Office of the Attorney General
DATE: June 30, 2014
SUBJECT: Correction of incorrect, incomplete, or out-dated citations in 12 VAC 35-115
*Rules and Regulations To Assure the Rights of Individuals Receiving Services
from Providers Licensed, Funded, or Operated by the Department of
Behavioral Health and Developmental Services*

Under §2.2-4006 (3) of the Code of Virginia, "... Each promulgating agency shall review all references to sections of the Code of Virginia within their regulations each time a new supplement or replacement volume to the Code of Virginia is published to ensure the accuracy of each section or section subdivision identification listed." This mandated review is part of the Office of the Attorney General's certification process. During the review of the Board's proposed changes to the Human Rights regulations, the OAG identified several incorrect legal citations that need to be addressed. The correction of these citations is considered an exempt action under the Virginia Administrative Process Act.

Upon Board approval, a notice will appear in the Virginia Register of Regulations regarding the corrections of these citation errors and 30 days after publication, the citations will be changed.

The following table identifies the current citations and the changes that need to be made.

Summary of the technical corrections that need to be made in 12 VAC35-115

| Section number | Incorrect, Incomplete, or Out-dated Citation | Correct Citation |
|---|--|--|
| 12 VAC 35-115-70 B.4. | §16.1-241 D | §16.1-241 C or D |
| | §54.1-2969 B | §54.1-2969 A.1 or B |
| 12 VAC 35-115-70 B.7 | §54.1-2981 et seq. | §54.1-2981 et seq. and §54.1-2970 |
| 12 VAC 35-115-70 B.8a(2) | §16.1-340 | §16.1-340.1 |
| | §16.1-345 | §16.1-341 |
| 12 VAC 35-115-70 B.8b(3) | §19.2-67 | §19.2-167 |
| 12 VAC 35-115-146 G | §37.2-1012 | §64.2-2012 |
| 12 VAC 35-115-50 B4 12 VAC 35-115-80 B.8k 12 VAC 35-115-210 I1 12 VAC 35-115-220 D.2 12 VAC 35-115-220 E.2e. 12 VAC 35-115-230 F | inspector general | State Office of the Inspector General (§2.2-308) |
| 12 VAC 35-115-110 C.3 | Providers of Mental Health, Mental Retardation, and Substance Abuse Residential Services for Children (12 VAC 35-45) | Children's Residential Facilities (12 VAC 35-46) |

State Board Budget Report

As of June 30, 2014

| | <u>Operating Costs</u> | <u>Budget</u> | <u>Actual</u> | <u>Balance</u> |
|-------|--------------------------|---------------|---------------|----------------|
| 12140 | Postal | 0 | 25.96 | -25.96 |
| 12240 | Training Workshops | 1,500 | 565 | 935 |
| 12270 | Employee Training-Travel | 5,000 | 95.64 | 4,904.36 |
| 12640 | Foods Services | 2,000 | 2,615.32 | -615.32 |
| 12820 | Travel Personal Vehicle | 5,000 | 4,792.01 | 207.99 |
| 12850 | Travel Sub-lodging | 6,000 | 2,477.55 | 3,522.45 |
| 12880 | Travel-Overnight | 3,600 | 1,479.00 | 2,121.00 |
| 13120 | Office Supplies | 500 | 0 | 500 |
| 14310 | Premiums | 100 | 49.99 | 50.01 |
| 15350 | Building Rental | 1,000 | | 1,000 |
| | | 24,700 | 12,100.47 | 12,599.53 |

DRAFT PROPOSED BOARD MEETING DATES

2015

JANUARY

| Mo | Tu | We | Th | Fr | Sa | Su |
|----|----|----|----|----|----|----|
| | | | 1 | 2 | 3 | 4 |
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| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

FEBRUARY

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| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | |

MARCH

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| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |

APRIL

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| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

MAY

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SEPTEMBER

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NOVEMBER

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DECEMBER

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For Discussion and approval at the meeting:

- Danville: April 21-24
- Richmond: July 20-24
- Northern Virginia: October 7-9, or 14-19
- Richmond: December 3-4, or 7-10

| Meeting Date | Location | Topic |
|---------------------|---|--------------|
| April 9, 2014 | Southern Virginia Mental Health Institute | |
| July 23, 2014 | Richmond | |
| October 9, 2014 | Northern Virginia | |
| December 5, 2014 | Richmond | |
| Spring 2015 | | |
| Summer 2015 | | |

Possible Meeting Locations:

- Charlottesville/Culpeper/Orange
- Warrenton/Winchester
- Fredericksburg
- Virginia Beach
- Farmville
- Middle Peninsula/Northern Neck

Topics for Discussion/Board Priorities:

- Mental health outpatient assessment and treatment capacity
- Implementation of DOJ Settlement Agreement
- ID/DD Waivers; Waiver Redesign Study updates
- Ongoing funding for exceptional rates (waivers)
- Expanding housing assistance
- Adding Program for Assertive Community Treatment (PACT) teams
- Substance abuse services

State Board of Behavioral Health and Developmental Services

Bylaws

Article 1 - Name

The name of this body shall be the State Board of Behavioral Health and Developmental Services, hereinafter referred to as the Board.

Article 2 - Authority

Section 37.2-200 of the Code of Virginia establishes the Board as a policy board, within the meaning of § 2.2-2100 of the Code of Virginia, in the executive branch of government.

Article 3 - Members

- a. Composition of the Board, Qualifications, Appointment, and Term of Office of Members** - The composition of the Board and qualifications, appointment, and term of office of Board members shall be as provided in § 37.2-200 of the Code of Virginia.
- b. Orientation of New Members** - All new members appointed to the Board shall receive an orientation that includes information about the roles and responsibilities of the Board; the committee structure and bylaws of the Board; the roles and responsibilities of the Department of Behavioral Health and Developmental Services, hereinafter referred to as the Department, state hospitals and training centers operated by the Department, hereinafter referred to as state facilities, and community services boards and behavioral health authorities; Title 37.2 of the Code of Virginia, which governs the operations of the Board and Department and the provision of mental health, mental retardation (developmental), and substance abuse services in Virginia; the Virginia Freedom of Information Act; and the State and Local Government Conflict of Interests Act.

Article 4 - Officers and Staff Support Provided to the Board

- a. Officers of the Board** - The officers of the Board shall be the Chair and the Vice Chair. Officers shall perform the duties prescribed by these bylaws and by the parliamentary authority adopted by the Board.
- b. Nominating and Election Procedure** - The Board Chair shall appoint a Nominating Committee of three members at the spring regular meeting each year. Each year the Committee shall offer its slate of candidates at the first regular meeting following the beginning of the state fiscal year. Before the election, additional nominations from the floor shall be permitted. Officers shall be elected by the Board from among its membership at its first regular meeting following the beginning of the state fiscal year and shall serve for a period of one year. Officers shall be eligible for re-election.
- c. Chair** - The Chair shall be the presiding officer at all Board meetings, shall appoint the

members of all standing and special committees, and shall be an ex-officio member of all standing committees. In any votes of the Board, the Chair shall vote last. Upon request of the Board, the Chair shall act as its representative.

The Chair shall perform any additional duties imposed on the office by an act of the General Assembly or direction of the Board. The Chair shall work with the Commissioner of the Department or his designee to determine the types of Board meetings, agendas, reports, communications, and involvement that will enable Board members to carry out their powers, duties, and responsibilities.

The Chair may:

- Appoint members to serve on various task forces, committees, and other bodies on which representation of the Board is required or would be beneficial;
- Direct the Policy Development and Evaluation Committee to develop drafts of proposed policies and circulate those drafts for field review on behalf of the Board; and
- Assign other duties or responsibilities to standing committees.

The Chair shall notify the Board and the Department of these actions, which the Board shall review and, where appropriate, approve at its next regular meeting.

The Chair, pursuant to § 37.2-200 of the Code of Virginia, shall submit to the Governor and the General Assembly an annual executive summary of the activity and work of the Board no later than the first day of each regular session of the General Assembly.

- d. **Vice Chair** - In the absence of the Chair at any meeting or in the event of the Chair's disability or of a vacancy in that office, all of the powers and duties of the Chair shall be vested in the Vice Chair. The Vice Chair also shall perform other duties imposed on him or her by the Board or the Chair.
- e. **Secretary** - Section 37.2-200 of the Code of Virginia authorizes the Board to employ a secretary to assist in its administrative duties, including maintenance of minutes and records. The Secretary shall be selected by the full Board in consultation with the Commissioner or his designee, but the Secretary shall not be a member of the Board. The compensation of the Secretary shall be fixed by the Board within the specific limits of the appropriation made therefore by the General Assembly, and the compensation shall be subject to the provisions of Chapter 29 (§2.2-2905 et seq.) of Title 2.2 of the Code of Virginia. The Secretary shall perform the duties required by the Board and the Commissioner or his designee.

The Secretary shall be a member of the Department's staff and shall report to the Commissioner or his designee; however, the Secretary shall be responsible to the Board. The Secretary shall be supervised in his daily responsibilities by the Commissioner or his designee. The Board and the Commissioner or his designee shall evaluate the performance of the Secretary annually.

- f. **Department Liaison to the Board** - The Commissioner shall designate a staff member to

serve as the Department's liaison to the Board. The liaison shall coordinate the activities of the Board; provide primary administrative, policy, and technical support to the Board; and orient new Board members.

Article 5 - Meetings

- a. **Regular Meetings** - In accordance with § 37.2-200 of the Code of Virginia, the Board shall meet quarterly and at such other times as it deems proper. The Board at its first regular meeting following the beginning of the state fiscal year shall adopt an annual meeting schedule. Other regular meetings of the Board shall be held at the call of the Chair or whenever a majority of the members so request; however, when possible, no meetings will be scheduled during January or February.
- b. **Special Meetings** - The Chair, the Vice Chair in the event of the Chair's disability or of a vacancy in that office, or any three members of the Board may call special or emergency meetings of the Board at the dates, times, and places specified in the call for these meetings.
- c. **Biennial Planning Meeting** - The Board shall hold a biennial planning meeting in the summer of the year in which the biennial budget is developed.
- d. **Notice of Meetings and Public Hearings on Proposed Regulations**
 - (1) Notice of the date, time, and place of all regular Board meetings and all committee meetings shall be announced in advance by posting the notice electronically on the Commonwealth Calendar, as required by § 2.2-3707 of the Code of Virginia, and by written notice to Board members at least three days in advance of the date of the meeting.
 - (2) Any notices of Board meetings shall state that public comments will be received at the beginning of the meeting.
 - (3) A notice of the date, time, and place of all special or emergency meetings shall be posted electronically on the Commonwealth Calendar, as required by § 2.2-3707 of the Code of Virginia.
 - (4) When the Board determines that a public hearing on a proposed regulatory action is appropriate, the notice of the hearing shall be posted in accordance with the requirements of the Board's Public Participation Guidelines 12 VAC-35-12-100.
- e. **Quorum** - Five members shall constitute a quorum, as specified in § 37.2-200 of the Code of Virginia. The Board shall not conduct business without a quorum.
- f. **Attendance** - Each member shall be responsible for attending all Board meetings. Members shall notify the Chair or his designee of any anticipated absence. If a member fails to notify the Chair or his designee more than twice during a fiscal year that he is unable to attend a meeting, the Chair shall notify the member of his non-compliance with this provision of the bylaws. With the approval of the Board, the Chair may notify the Governor and request that the Governor remove that member and appoint a new member to fill the vacancy, as authorized by § 37.2-200 of the Code of Virginia.

- g. **Conduct of Business** - All meetings shall be conducted in accordance with the rules contained in the current edition of Robert's Rules of Order Newly Revised, except as otherwise stated in these bylaws.
- h. **Public Comment** - The agenda for each meeting of the Board shall indicate that public comment will be received at the beginning of the meeting. Public comment will be subject to the time limitations deemed appropriate by the Chair.
- i. **Minutes** - Minutes shall be recorded at all regular and special or emergency Board meetings, as required by § 2.2-3707 of the Code of Virginia. The draft minutes shall be posted electronically on the Commonwealth Calendar as soon as possible but no later than 10 working days after the conclusion of the meeting. Final approved meeting minutes shall be posted within three working days of final approval of the minutes.

Article 6 - Powers and Duties of the Board

- a. **Statutory Powers and Duties** - The Board shall have the following powers and duties, as authorized by § 37.2-203 of the Code of Virginia:
 - (1) To develop and establish programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities;
 - (2) To ensure the development of long-range programs and plans for mental health, mental retardation, and substance abuse services provided by the Department, community services boards, and behavioral health authorities;
 - (3) To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor and on all applications for federal funds;
 - (4) To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;
 - (5) To advise the Governor, Commissioner, and General Assembly on matters related to mental health, mental retardation, and substance abuse;
 - (6) To adopt regulations that may be necessary to carry out the provisions of Title 37.2 of the Code of Virginia and others laws of the Commonwealth administered by the Commissioner or the Department;
 - (7) To ensure the development of programs to educate citizens about and elicit support for the activities of the Department, community services boards, and behavioral health authorities;
 - (8) To ensure that the Department assumes the responsibility for providing for education and training of school-age consumers in state facilities, pursuant to § 37.2-312; and
 - (9) To change the names of state facilities.

Prior to the adoption, amendment, or repeal of any regulation regarding substance abuse services, the Board shall, in addition to the procedures set forth in the Administrative Process

Act (§ 2.2-4000 et seq. of the Code of Virginia), present the proposed regulation to the Substance Abuse Services Council, established pursuant to § 2.2-2696 of the Code of Virginia, at least 30 days prior to the Board's action for the Council's review and comment.

- b. **Appointments by the Board** - The Board shall appoint members of the State Human Rights Committee, pursuant to § 37.2-204 of the Code of Virginia, and the Prevention Promotion Advisory Council according to their respective bylaws. The Board may appoint other committees as it deems necessary or appropriate.

Article 7 - Committees

- a. **Standing Committees** - The committee structure of the Board reflects the statutory duties of the Board. The standing committees of the Board shall be the:

- Policy Development and Evaluation Committee,
- Planning and Budget Committee, and
- Grant Review Committee.

Standing committees shall report at each regular meeting of the Board, unless there has been no meeting or no action to report. The Board Chair shall appoint standing committee chairs, unless they are designated otherwise in these bylaws.

(1) Policy Development and Evaluation Committee

- a. **Composition** - The Policy Development and Evaluation Committee shall consist of the Vice Chair and at least two other Board members appointed by the Board Chair. The Board Vice Chair shall chair the Policy Development and Evaluation Committee.
- b. **Powers and Duties** - The Committee shall *draft and* coordinate field reviews of draft revised or proposed new policies, compile and present summaries of comments received during field reviews, and report its recommendations and revised or proposed new policies to the Board, which shall take action thereon as it deems appropriate. **(note: moved from last sentence of paragraph)** ~~If it determines that existing policies need to be revised or new policies need to be developed or at the direction of the Board or Board Chair, the Policy Development and Evaluation Committee shall develop draft revised or proposed new policies with support and assistance from the Department for the Board's consideration.~~ The Committee shall *maintain a Review Schedule of all existing policies* circulate those drafts for field review on behalf of the Board. ~~The Committee shall coordinate field reviews of draft revised or proposed new policies, compile and present summaries of comments received during field reviews, and report its recommendations and revised or proposed new policies to the Board, which shall take action thereon as it deems appropriate.~~ *At the scheduled review time, any such policy will be circulated to State Board members, CSBs, Department facilities and central office, advocacy groups and stakeholders for comment.*

The Committee shall *report its findings to the Board regarding its review and evaluate assessment of the effects of designated Board policies of the Board and the performance status of the Department, state facilities, community services boards, and*

behavioral health authorities in ~~carrying out~~ *adhering* to those policies. ~~The Committee shall report its findings to the Board, which shall take action thereon as it deems appropriate, including~~ *may include* making recommendations to the Department or the Secretary of Health and Human Resources.

- c. **Staff Support** - The Department shall designate and provide staff to support the activities of the Policy Development and Evaluation Committee. *Final policies will be maintained in a publicly accessible compilation on the Department's web site in the standard format for Board policies.*

(2) Planning and Budget Committee

- a. **Composition** - The Planning and Budget Committee shall consist of the Board Chair and at least two other Board members appointed by the Chair. The Board Chair shall chair the Planning and Budget Committee.
- b. **Powers and Duties** - The Planning and Budget Committee shall *participate in the identification of services and support needs, critical issues, strategic responses, and resource requirements to be included in* ~~review all~~ long-range plans; *work with the Department to obtain, review, and respond to public comments on draft plans; to obtain, circulate draft Comprehensive State Plan updates to services system stakeholders for public comment and* review, and respond to public comments on draft plans *received*; and monitor Department progress in implementing long-range programs and plans. *The committee also shall provide updates on its planning activities to the full Board.* ~~in accordance with procedures established in POLICY 1010 (SYS) 86-7 and shall provide input to and review and comment on all requests for appropriations~~
The Planning and Budget committee also shall work with the Department to assure that the agency's plans and budget priorities and submission packages reflect State Board policies and shall, through the Board's biennial planning retreat, review and comment on major funding issues affecting the behavioral health and developmental services system, in accordance with procedures established in POLICY 2010 (ADM ST BD) 10-1.
- c. **Staff Support** - The Department shall designate and provide staff to support the activities of the Planning and Budget Committee.

(3) Grant Review Committee

- a. **Composition** – The Grant Review Committee shall consist of two members appointed by the Chair.
 - b. **Powers and Duties** – The Grant Review Committee, acting on behalf of the full board to fulfill its duty to review and comment on all applications for federal funds and to enable the Department to respond to federal grant solicitations expeditiously, shall review all requests for federal funds before they are submitted to the soliciting federal agency.
 - c. **Staff Support** – The Department shall designate and provide staff to support the activities of the Grant Review Committee.
- b. **Special Committees** - Special committees may be established at any time by action of the

full Board or the Chair, acting on behalf of the Board. The Board Chair shall appoint special committee chairs. The Chair shall appoint members of any special committees and may appoint individuals who are not Board members to serve on these committees including individuals receiving services, family members, and other individuals as appropriate. When a special committee is established, its mission and the time within which it shall complete the task or accomplish the purpose for which it was created shall be specified.

Article 8 - Liaison Assignments

The Board shall ensure that programs to educate Virginians about and elicit public support for the activities of the Department, state facilities, community services boards, and behavioral health authorities are initiated by the Department pursuant to § 37.2-203 of the Code of Virginia.

The Board seeks to further the integration and coordination of services to individuals receiving services and to support, encourage, and build close working partnerships among community services boards and behavioral health authorities, state facilities, and the Department. The Board also seeks to enhance its knowledge and understanding of the wide diversity of community and state facility services across the state and to develop and maintain connections with various entities involved in the public behavioral health and developmental services system. The Chair, in consultation with Department staff, may develop a list for each board member of agencies and organizations, including state facilities, the Virginia Association of Community Services Boards, regional community services board associations, the State Human Rights Committee, and the Prevention Promotion Advisory Council, with which the Board wishes to liaise.

The Chair shall appoint members of the Board to serve as liaisons with these agencies and organizations, recognizing the time constraints of members and that each member may fulfill Board liaison responsibilities in different ways. A Board member liaison shall serve as a channel for information between the Board and the agency or organization and enhance the Board's knowledge about and understanding of the agency or organization and the entire services system. Board member liaisons shall report successes, issues, and concerns to the Board at its regular meetings and to appropriate Department staff. Board member liaisons shall confer or meet regularly with groups to which they are assigned and report to the full Board as necessary.

Article 9 - Board Evaluation, Bylaws Amendments and Reviews, and Procedural Irregularities

- a. Board Evaluation** - The Board shall conduct an evaluation of its performance during the Board's biennial planning meeting with the process and outcomes noted in the minutes of that meeting and included as part of the Board's Annual Executive Summary for that year.
- b. Amendments** - These bylaws may be amended at any regular or special meeting of the Board by an affirmative vote of at least five members of the Board, provided members were given the amendments in a special notice at least 30 days prior to the action.

- c. **Bylaws Review** - The Board shall review its bylaws every four years in the fall of the first year of the new Governor's term and amend them as necessary. Bylaws shall be signed and dated to indicate the last amendment date.
- d. **Procedural Irregularities** - Failure to observe procedural provisions of the bylaws does not affect the validity of Board actions.

Article 10 - Conflicts

These bylaws shall not diminish or circumscribe the Board's statutory authority, duties, or powers, and any conflict between provisions in these bylaws and the Code of Virginia shall be resolved in favor of the statute.

Article 11 - Effective Date

These bylaws are effective on the 9th day of April, 2013 and until subsequently revised.

State Board of Behavioral Health and Developmental Services

Ananda K. Pandurangi, Chair

Liaison to the Board

Date: July 23, 2014

Event Schedule

Tuesday-Wednesday, July 22-23, 2014

| | |
|--|---|
| | |
| TUESDAY 6:00 p.m. | Meet in the lobby at the Crowne Plaza Hotel for an informal dinner with State Board members (optional) |
| | |
| WEDNESDAY 9:00 – 9:50 a.m. 10:00 a.m. | Regular Board Meeting Schedule Committee Meetings at 9:00 a.m. <ul style="list-style-type: none"> • Planning and Budget Committee will meet in the 5th Floor Conference Room Regular Meeting at 10:00 a.m. DBHDS Central Office, 2 nd Floor Conference Room, Jefferson Building 1220 Bank Street, Richmond, VA 23219 |

FOR THOSE MEMBERS STAYING OVERNIGHT, THIS PAGE HAS DRIVING DIRECTIONS TO THE:

➤ **Crowne Plaza Hotel (Downtown)**

555 E CANAL ST

RICHMOND, VA 23219

Hotel Front Desk: 1-804-7880900 | Hotel Fax: 1-804-7887087

- FROM I-95N OR I-95S: TAKE EXIT 74A TO THE DOWNTOWN EXPWY. EXIT AT CANAL ST. (\$.20 TOLL). 1/4 MILE ON LEFT.
- FROM EAST OR WEST: I-64 TO I-95S TO EXIT 74A TO CANAL ST EXIT. 1/4 MILE ON LEFT.

For electronic mapping to the hotel:

<http://www.ihotelsgroup.com/h/d/cp/1/en/hotel/riccs/transportation?start=1&rpb=hotel&crUrl=/h/d/cp/1/en/mapsearchresults>

DIRECTIONS

Wednesday, July 23, 2014

DBHDS Central Office, 2nd Floor Conference Room, Jefferson Building
1220 Bank Street, Richmond, VA 23219

Time: **Committees at 9 a.m.**, Regular Board Meeting at 10 a.m.

- **Planning and Budget Committee** will meet in the 5th Floor Conference Room.

Regular Meeting Location: DBHDS Central Office, 2nd Floor Conference Room, Jefferson Building
1220 Bank Street, Richmond, VA 23219

FROM I-64 EAST AND WEST OF RICHMOND

- Driving on I-64 towards Richmond, get onto I-95 South and continue into the downtown area on I-95.
- Take Exit 74B, Franklin Street.

FROM I-95 NORTH OF RICHMOND

- Continue south on I-95 into the downtown area.
- Take Exit 74B, Franklin Street.

FROM I-95 SOUTH OF RICHMOND

- Cross the bridge over the James River.
- Exit to your Right on exit 74C– Route 360 (17th Street is one-way) and continue to Broad Street.
- Turn Right onto Broad Street
- Turn Left onto 14th Street (first light after crossing over I-95)

CONTINUE DOWNTOWN - DIRECTIONS AFTER EXITING I-95

- Turn Right onto Franklin Street at the traffic light at the bottom of the exit.
- Cross through the next light at 14th Street (Franklin Street becomes Bank Street)
- Look for on-street meter parking in the block between 14th and 13th Streets.
- If you find parking on this block, walk to the corner of Bank and 13th/Governor Streets.

If you do not see parking on this block:

- Turn Left onto 13th Street, Left onto Main, and Right onto 15th Street.
- The first Right off of 15th Street is the entrance to an honor park lot (\$5.00 all day).
- Get to our building by walking WEST on Main Street, go Right onto 13th, and we are one block up 13th Street.

DBHDS is in the Jefferson Building on the south-east corner of [Capitol Square](#), at the intersection of 13th/Governor Street and Bank Street.